## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

FILING DATE

CLAIMS

| <del> </del>    |      |                     | ·            | 750            |         |                        |  |
|-----------------|------|---------------------|--------------|----------------|---------|------------------------|--|
| ·               |      | FILED               | 1st AM       | TER<br>ENDMENT | 2nd AME | AFTER<br>2nd AMENDMENT |  |
|                 | IND. | DEP.                | IND.         | DEP.           | IND.    | DEP.                   |  |
| 1               |      |                     | $\perp T$    |                |         | ·                      |  |
| 2               |      | 1                   |              | 11             |         |                        |  |
| 3               |      | $\perp \iota$       |              | 1              |         |                        |  |
| 4               |      |                     |              | 1              |         |                        |  |
| 5               |      | 15                  |              | 17             |         |                        |  |
| 6               |      | 5                   |              | 17             |         |                        |  |
| 7               |      | 5                   |              | 11             |         |                        |  |
| 8               |      | $\langle i \rangle$ |              |                |         |                        |  |
| 9               |      | $\langle i \rangle$ |              | 1              |         |                        |  |
| 10              | ·    | (i)                 |              |                |         |                        |  |
| 11              |      |                     |              |                |         |                        |  |
| 12              |      | 1                   |              | 1              |         |                        |  |
| 13              |      |                     |              | 1              |         |                        |  |
| 14              |      | 1 /                 |              | <b>1</b>       |         |                        |  |
| 15              |      |                     |              |                |         |                        |  |
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| 18              |      |                     |              |                |         |                        |  |
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| 22              |      |                     |              |                |         |                        |  |
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| 30              |      |                     |              |                |         |                        |  |
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| 32              |      |                     |              |                |         |                        |  |
| 33              |      |                     |              | '              |         |                        |  |
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| 40              |      |                     |              | ]              |         |                        |  |
| 41              |      |                     |              |                |         |                        |  |
| 42              |      |                     |              |                |         |                        |  |
| 43              |      |                     |              |                |         |                        |  |
| 44              |      |                     |              |                |         |                        |  |
| 45              |      |                     |              |                |         |                        |  |
| 46              |      |                     |              | T              |         |                        |  |
| 47              |      |                     |              |                |         |                        |  |
| 48              |      |                     |              |                |         |                        |  |
| 49              |      |                     |              |                |         |                        |  |
| TOTAL           |      |                     |              |                |         |                        |  |
| IND.            |      | 1                   | 2            | 1              |         | 1                      |  |
| TOTAL<br>DEP.   |      | -                   | 14 .         | <b>—</b>       |         | -                      |  |
| TOTAL<br>CLAIMS |      | 1                   | 16           | 110000         |         | 200                    |  |

|          |               | *  |  | *  |  | *  |  |
|----------|---------------|--|--|--|--|--|--|
|          |               | IND.   | DEP.   | IND.   | DEP.   | 010  | T  |
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| ł        | 59            | <del> </del>                                     | <del> </del> -                                   | <del> </del>                                     | ļ  | <u> </u>   | <u> </u>   |
| ł        | 60            | <b>├</b> ──                                      | <u> </u>   | <del> </del>                                     | <u> </u>   | <u> </u>   | ļ  |
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| 1        | 66            | <u> </u>   |  |  |  |  |  |
|          | 67            |  |  |  |  |  | i  |
| 1        | 68            |  |  |  |  |  | <b>†</b>   |
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|          | 71            |  |  |  | 1  | <del> </del>                                     | <del> </del>                                     |
| ſ        | 72            |  |  | 1  |  | <del> </del>                                     | <del>                                     </del> |
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| ı        | 75            | T  |  | <del> </del>                                     | <del> </del>                                     | <del> </del>                                     |  |
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| ŀ        | 80            |  |  | ├  |  | <u> </u>   |  |
| ŀ        | 81            |  |  |  |  |  |  |
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| -        | 83            |  |  |  |  |  |  |
| 1        | 84            | <u>                                      </u>    |  |  |  |  |  |
| ŀ        | 85            |  |  |  |  |  |  |
| F        | 86            |  |  |  |  |  |  |
| L        | 87            |  |  |  |  |  |  |
| L        | 88            |  |  |  |  |  |  |
| L        | 89            |  |  |  |  |  |  |
| L        | 90            |  |  |  |  |  |  |
| L        | 91            | LT   |  |  |  |  |  |
|          | 92            |  |  |  |  |  |  |
| Γ        | 93            |  |  |  |  |  |  |
| Γ        | 94            |  |  |  |  |  |  |
| Γ        | 95            |  | <del></del>                                      |  |  |  |  |
| Γ        | 96            |  |  | <del></del>                                      |  |  | <del></del>                                      |
| ۲        | 97            |  |  | <u>-</u>   |  |  |  |
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| ۲        | TOTAL<br>IND. | <del>  </del>                                    |  |  |  |  |  |
| _        |               |  | 1  |  | <b>—</b> I                                       |  | <b>_1</b>  |
| ı        | TOTAL<br>DEP. |  | -  |  | -  |  | <b>—</b>   |
| ٦        | TOTAL         | 8  |  |  |  |  |  |
| _        | 2711110       |  |  |  | See See See                                      |  | A PROPERTY.                                      |

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell National Stage Processing (703) 305-3631